

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703  
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## NURSING HOME ADMINISTRATOR EXAMINING BOARD EXAMINATION APPLICATION INSTRUCTION PACKET

### I. FILING ELIGIBILITY APPLICATION WITH DEPARTMENT OF REGULATION AND LICENSING

Applicants for the Wisconsin Nursing Home Administrator's examination need to file two separate applications and fees. One application for the Department of Regulation and Licensing (Form #683) and the other for the Professional Examination Service (PES). Applicants may apply online with PES at [www.proexam.org/nab](http://www.proexam.org/nab)

The cost to apply online is \$270 for the NAB exam and \$145 for the State Laws exam. Applicants are being encouraged by the NAB to apply online for the examination.

For applicants without access to a computer or an e-mail account, a paper-based application form may be submitted to Professional Examination Service. There is an additional of \$75.00 fee charged by PES for submitting a paper-based application. Please contact our office to request this form.

Applicants are also required to file a **separate** eligibility application with the Department of Regulation and Licensing along with the fee of \$120.00 if applying as an initial applicant or \$187.00 if applying as a reciprocal applicant.

All NEW (first time applying in Wisconsin) applicants must submit the following to the Department of Regulation and Licensing to determine eligibility to sit for the examination:

1. Request To Apply For Examination (Form #1573).
2. Fee (See Item #IV in this packet).
3. Official transcripts of coursework or certificates of completion for education.
4. Request For CIB Information (Form #2375).
5. Verification of Licensure (Form #419) for reciprocal applicants only.

Completed eligibility application materials must be mailed to the Department at the address listed above. Eligibility application hand-delivered or mailed by special courier must be delivered to the Department's street address: 1400 East Washington Avenue, Room 142, Madison, WI 53703.

### II. EDUCATION

#### A. DEFINITIONS

Section NHA 2.02, Wis. Admin. Code, requires completion of one of the following academic programs:

- 1) "Program of study" means a prescribed sequence of courses offered by a university or college, accredited by a regional or national accrediting agency recognized by the U.S. department of education, which consists of at least one course of 3 credit hours in each of the following:
  - (a) Laws governing the operation of licensed nursing homes;
  - (b) Elements of proper and effective administration of licensed nursing homes;
  - (c) Protection of the interests, safety and well-being of residents; and
  - (d) Psychological, physical, medical and social needs of residents.
- 2) "Regular course of study" means a prescribed program of courses offered by a university or college, accredited by a regional or national accrediting agency recognized by the U.S. department of education, which leads to an associate, baccalaureate, master or doctoral degree and which includes a program of study and a supervised clinical practicum.

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- 3) "Specialized courses" means individual courses offered by one or more educational institutions or course providers which lead to adequate preparation in each of the following general subject areas in nursing home administration:
- (a) Administration of a nursing home.
  - (b) Long-term patient care.
  - (c) Organizations of health-care systems

## B. APPROVED COURSES

Section NHA 3.01, Wis. Admin. Code, requires all regular courses of study, programs of study and specialized courses be approved by the board. Courses are approved only on the basis that they meet the requirement as specified in sec. 456.04(4), Wis. Stats. It is not within the authority, nor is it the intent, of the board to either endorse or recommend any educational program as adequate preparation for the examination or for the general practice of nursing home administration. Courses and programs other than those listed in this packet will be considered on the basis of information submitted by the applicant. This information should include course or program content and description as provided by the school or educational agency.

- 1) **Regular Course of Study:** The following courses have been approved by the Board:

Concordia University-Wisconsin, Bachelor of Arts Degree in Health Care Administration, 12800 N. Lake Shore Drive, Mequon, WI 53092-7699, (414) 243-5700.

St. Joseph's College, Long-Term Care Administration, P.O. Box 1198, North Windham, ME 04062-1198, (800) 343-5498.

Southern College of Seventh-Day Adventists, Bachelor of Science Degree in Long Term Health Care Administration, P.O. Box 370, Collegedale, TN 37315-0370, (615) 238-2754.

Southwest Texas State University, Bachelor of Science in Health Professions, Major: Long Term Health Care Administration, San Marcos, TX 78666, (512) 245-3556.

Suny Institute of Technology, Bachelor of Professional Studies and Bachelor of Science in Health Service Management, Nursing Home Administration Track, P.O. Box 3050, Utica, NY 13504-3050, (315) 792-7429.

University of Wisconsin-Eau Claire, NHA Baccalaureate Program, Eau Claire, WI 54701, (715) 836-2628.

University of Minnesota, LTC Program, Center for LTC Administration Education, C309 Mayo Memorial Bldg., Box 907, 420 Delaware St., S.E., Minneapolis, MN 55455, (612) 624-5159.

University of Scranton, Health Administration, Concentration in Long-Term Care Administration, Department of Human Resources, Scranton, PA 18510-4597, (717) 941-4350.

Viterbo College, Bachelor of Business Administration with Specialization in Health Care Administration, 815 South 9th Street, La Crosse, WI 54601.

Xavier University, Graduate Program in Hospital and health Administration declaring 9 hours of concentration in Gerontology, 3800 Victory Pkwy., Cincinnati, OH 45207, (513) 745-3392.

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2) **Specialized Courses:** The following courses have been approved by the Board:

University of Wisconsin-Eau Claire, Health & Aging Services Administration (HASA) Certificate, Eau Claire, WI 54701, (715) 836-2628.

University of Wisconsin-Madison Extension, NHA Cassette Series, Health and Human Issues, 610 Langdon St., #326, Madison, WI 53703, (608) 263-2088.

Ohio State University, NHA Core of Knowledge Course, College of Business, Executive Education, 941 Chatham Lane., Columbus, OH 43221, (614) 442-1316.

St. Mary's College, MA in Human & Health Services Administration, Minneapolis Graduate Center, 2510 Park Ave., S, Minneapolis, MN 55404, (612) 874-9877.

St. Joseph's College, General Health Care Administration, P.O. Box 1198, North Windham, ME 04062-1198, (800) 343-5498. **Candidates completing this program are also required to complete and additional course in long-term patient care.**

University of North Carolina, Long Term Care Administration LTCE #201 and LTCE #202, 706 Greenwood Rd., Chapel Hill, NC 27514, (919) 929-4454.

3) **Program of Study:** The following program has been approved by the Board:

Ottawa University-Milwaukee, 300 N. Corporate Drive # 110, Brookfield WI 53045, (262) 879-0200.

To satisfy the educational requirement under a Program of Study, a student must complete all of the following courses:

- a. OAD 46364 Comprehensive Long-Term Health Care (4 credits)
- b. HUS 30154 Issues in Gerontology (4 credits)
- c. OAD 46164 Long-Term Care Policy and Regulation (4 credits)
- d. OAD 37064 Long-Term Care Administration (4 credits)

### III. EXAMINATION

The NAB and the Wisconsin state law examinations will be administered by the Professional Examination Service (PES). The examinations will be taken on a computer through a Prometric Technology Center located in each state on a weekly basis. To take the computer-based examination, no prior knowledge of computers is needed. Before the examination begins, a simple introductory lesson explains the process of selecting answers and moving around in the examination. Applicants are given 3 hours to take the NAB exam and 1 hour 40 minutes to take the State Law exam.

The nursing home administrator's licensure examination is a two-part examination. The first part is the national examination prepared by the National Association of Boards of Examiners for Nursing Home Administration (NAB). The second part is the Wisconsin state law examination. Applicants for initial licensure must successfully complete both parts of the examination. Reciprocal applicants who have successfully completed the NAB examination in another state are only required to take the Wisconsin state law examination. The passing score on the state laws exam is 75 and 113 on the NAB exam.

The content of the national examination can be accessed at either [www.nabweb.org](http://www.nabweb.org) or at [www.proexam.org/nab](http://www.proexam.org/nab). The content for the state law examination is listed on the next page.

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**STATE LAW EXAMINATION** is prepared by the State of Wisconsin and consists of 100 questions. A minimum score of 75 is required to pass. Applicants will be given 1 hour and 40 minutes to take the examination. The state rules examination will be based on the following:

Subject Area	Number of Questions + % of Exam
<u>HFS 129, Wis. Admin. Code:</u>	
1) Certification of Programs for Training & Testing Nurse Assistants, Home Health Aides & Hospice Aides	3
<u>HFS 132, Wis. Admin. Code:</u>	
1) General (Subchapter I)	8
2) Enforcement (Subchapter II)	2
3) Resident's Rights & Protections (Subchapter III)	10
4) Management (Subchapter IV)	13
5) Admissions, Retentions & Removals (Subchapter V)	10
6) Services (Subchapter VI)	27
7) Physical Environment (Subchapter VII)	3
8) Life Safety, Design & Construction (Subchapter VIII)	9
<u>HFS 50, Stats.:</u>	
1) Licensing Powers and Duties (sec. 50.03)	1
2) Special Provisions Applying to Licensing and Regulation of Nursing Homes (sec. 50.04)	6
3) Placement of Monitor and Appointment of Receiver (sec. 50.05)	2
4) Prohibited Acts (sec. 50.07)	1
5) Rights of Residents in Certain Facilities (sec. 50.09)	1
<u>NHA - Wis. Admin. Codes:</u>	
1) Educational Programs, Meeting Licensing & Continuing Educational Requirements (NHA 3)	1
2) Standards of Conduct (NHA 5)	1
<u>RL - Wis. Admin. Codes:</u>	
1) Impaired Professional Procedures (RL 7)	2

## **PUBLICATION REQUEST:**

A copy of the Wisconsin Statutes and Administrative Code relating to the Nursing Home Administrators Examining Board is available on the department's web site at [www.drl.state.wi.us/publications](http://www.drl.state.wi.us/publications) or at most public libraries. If you wish to purchase a copy, please submit a check or money order made payable to the Department of Regulation and Licensing for \$5.28 per copy. Information contained in the statutes and administrative code is included on the state laws examination.

## **IV. FEES**

Applicants taking the Nursing Home Administrator's exam are required to pay both the Department of Regulation and Licensing and NAB. The NAB fee will be paid directly to them via credit card when applying online at [www.proexam.org/nab](http://www.proexam.org/nab). Listed below are the amounts due depending on the different exams being taken.

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EXAM ELIGIBILITY	AMOUNT PAYABLE TO THE DEPARTMENT OF REGULATION AND LICENSING	AMOUNT PAYABLE TO NAB By Credit Card
New Applicants (taking both the national and state exams)	\$120.00 Total Fee (\$53 initial credential fee; \$61 exam administration fee; \$6 CIB background check)	\$415.00 Total (\$270 national exam; \$145 state exam)
Reciprocity Applicants (taking the state exam only)	\$187.00 Total Fee (\$120 reciprocity fee; \$61 exam administration fee; \$6 CIB background check)	\$145.00 (state exam)
<b>RETAKES EXAM APPLICANTS</b>		
Retaking State Rules Exam only	\$61.00 (exam administration fee)	\$145.00
Retaking NAB Exam only	\$16.00 (exam administration fee)	\$270.00
Retaking Both the State Rules Exam and the NAB Exam	\$61.00 (exam administration fee)	\$415.00

## **V. REFUND/POSTPONEMENT POLICY**

The refund and postponement policy for examination candidates is covered in sec. RL 4.06, Wis. Admin. Code.

### **RL 4.06 Refunds**

- (1) A refund of all but \$10 of the applicant's examination fee and initial credential fee submitted to the department shall be granted if any of the following occurs:
  - (a) An applicant is found to be unqualified for an examination administered by the authority;
  - (b) An applicant is found to be unqualified for a credential for which no examination is required;
  - (c) An applicant withdraws an application by written notice to the authority at least 10 days in advance of any scheduled examination; or
  - (d) An applicant who fails to take an examination administered by the authority either provides written notice at least 10 days in advance that the applicant is unable to take the examination, or if written notice was not provided, submits a written explanation satisfactory to the authority that the applicant's failure to take the examination resulted from extreme personal hardship.
- (2) An applicant eligible for a refund may forfeit the refund and choose instead to take an examination administered within 18 months of the originally scheduled examination at no added charge.
- (3) An applicant who misses an examination as a result of being called to active military duty shall receive a full refund. The applicant requesting the refund must supply a copy of the call up orders or a letter from the commanding officer attesting to the call up.
- (4) Applicants who pay fees to service providers other than the department are subject to the refund policy established by the service provider.

## **VI. REQUIREMENTS FOR LICENSURE BY RECIPROCITY**

The board at its discretion and otherwise subject to laws pertaining to licensure of nursing home administrators may grant a license as a nursing home administrator to an applicant who holds a current license issued by the proper authorities in any other jurisdiction, which has not been revoked or suspended, upon payment of the fee and submission of evidence satisfactory to the board that the applicant has satisfied all of the following:

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1. Has a bachelor's degree in any field that was obtained from an accredited college or university or holds a current certification as a nursing home administrator granted by the American College of Health Care Administrators;
2. Has practiced as a nursing home administrator for at least 2,000 hours in any consecutive 3-year period within the 5-year period immediately preceding the date of application for licensure;
3. Has passed the Wisconsin state law examination required for licensure; and
4. Does not have an arrest or conviction record, subject to ss.111.321; 111.322 and 111.335, Stats. An applicant who has a pending criminal charge or has a conviction record shall provide the board with all related information necessary for the board to determine whether the circumstances of the pending charge or conviction substantially relate to the practice of nursing home administration.

Verification of current licensure (Form #419) must be completed by each state licensing board or agency in which you hold a credential (license). A photocopy of the credential (license) is not acceptable.

An official transcript must be submitted with your application to verify your bachelor's degree in any field. If you have not received a bachelor's degree, you will then need to submit a current certification as a nursing home administrator granted by the American College of Health Care Administrators. They can be contacted at 325 South Patrick Street, Alexandria, VA 22314

Along with your examination materials, you must submit evidence of having practiced as a nursing home administrator for at least 2,000 hours in any consecutive 3-year period within the 5-year period immediately preceding the date of application. Please complete the enclosed Reciprocity Experience Record (Form #2470).

The Nursing Home Administrator license expires on June 30 of the even numbered year.

## **VII. ADDITIONAL REQUIREMENTS FOR OBTAINING A NURSING HOME ADMINISTRATOR CREDENTIAL BY EXAMINATION**

**NOTE:** This section applies only to initial licensure applicants, not to reciprocity applicants.

In addition to successful completion of the examination, sec. NHA 4.01(1), Wis. Admin. Code, requires an applicant to meet certain experience requirements to obtain a nursing home administrator credential. You will be provided with the APPLICATION FOR LICENSURE (Form #418) and VERIFICATION OF EXPERIENCE IN THE FIELD OF INSTITUTIONAL ADMINISTRATION (Form #71). You will be required to complete the forms and return to our office for processing.

An applicant for the examination is not required to have completed the experience requirement prior to taking the examinations. Upon passing the required examinations, an applicant must complete the following experience requirement according to the type of education completed:

Regular Course of Study: A successful completion of a supervised clinical practicum, which means work experience acquired in a nursing home in conjunction with the approved program (refer to the definition found in sec. NHA 1.02(9), Wis. Admin. Code).

Program of Study: Successful completion of one year of experience in the field of institutional administration as defined in sec. NHA 1.02(1), Wis. Admin. Code.

Specialized Course: Successful completion of one year of experience in the field of institutional administration as defined in sec. NHA 1.02(1), Wis. Admin. Code.

THE EXPERIENCE IS NOT REQUIRED TO BE COMPLETED PRIOR TO TAKING THE EXAMINATION. Experience in the field of institutional administration is defined in sec. NHA 1.02(1), Wis. Admin. Code.

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## NURSING HOME ADMINISTRATOR EXAMINING BOARD

### REQUEST TO APPLY FOR EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

( ) -

Ethnic/gender status  
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

Yes No (please indicate)

If yes, provide your Wisconsin license/credential number.

### SECTION B:

1. Indicate the part(s) to be taken:

☐ Part I – NAB

☐ Part II – State Rules

2. Have you previously applied for or taken the examination(s) required for licensure in the State of Wisconsin?

☐ Yes If Yes, when? \_\_\_\_\_

☐ No

**Application Fee:** Make check payable to Department of Regulation and Licensing and attach check to application. The fees listed below are fees paid to the Department of Regulation and Licensing. Applicants are required to remit a separate payment to PES. See "Fee Payment" schedule in the instruction packet (Form #683).

☐ New Applicant (Parts I and II) – Fee \$120.00  
(\$53 credential fee; \$61 exam fee; \$6 CIB)

☐ Reciprocal Applicant (Part II) – Fee \$187.00  
(\$120 reciprocal fee; \$61 exam fee; \$6 CIB)

Note: If you are currently licensed in another state, have passed the NAB and are applying by reciprocity, you will be required to take only Part II, State Law Examination.

☐ Retake Applicant

☐ State Law Exam only – Fee \$61.00

☐ NAB Exam only – Fee \$16.00

☐ Both Exams – Fee \$61.00

### For Receipting Use Only





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## 4. STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2222.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

## 5. Indicate the provision applying under:

- ☐ Licensure by Reciprocity (secs. 456.08, Stats.; ch. NHA 4.03, Wis. Admin. Code). Reciprocity applicants may proceed to Item 6.
- ☐ Licensure by Examination (secs. 456.03, 456.04, 456.05, Stats.; ch. NHA 4, Wis. Admin. Code) and Education (ch. NHA 2.02(1)(c), Wis. Admin. Code). Indicate the educational program completed that satisfies the examination requirements (sec. 456.04, Stats.).
  - ☐ A. Regular Course of Study as defined in sec. NHA 1.02(7), Wis. Admin. Code. Graduation/Completion date: \_\_\_\_\_. Indicate below the course completed and submit an official transcript or certificate of completion.
    - ☐ Concordia University of Wisconsin, BA Health Care Administration (00019)
    - ☐ St. Joseph's College, Long Term Care Administration (00013)
    - ☐ Southern College of Seventh-Day Adventists, BS, LTC Admin (00021)
    - ☐ Southwest Texas State Univ., BS Health Professions LTC (00022)
    - ☐ Suny Institute of Tech, BS/BPS NHA Health Service Mgmt. (00023)
    - ☐ University of Minnesota LTC Program (00004)
    - ☐ UW-Eau Claire, NHA Baccalaureate Program (00002)
    - ☐ Upper Iowa University, Coordinated Off-Campus Degree Program (00014)
    - ☐ Viterbo College, Health Care Administration (00018)
    - ☐ Xavier University, Graduate Program in Hospital and Health Administration declaring 9 hours in gerontology (00017)
    - ☐ University of Scranton, Health Administration, Concentration in Long-Term Care Administration (00024)

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- ☐ **B. Specialized Course** as defined in sec. NHA 1.02(8), Wis. Admin. Code. Graduation/Completion date: \_\_\_\_\_. Indicate below the course completed and submit an official transcript or certificate of completion.

- ☐ Ohio State University, NHA Core of Knowledge Course (00008)
- ☐ St. Joseph's College, General Health Care Administration (00013). A separate course in long term care is required in addition to the completion of this course. Identify additional course: \_\_\_\_\_
- ☐ St. Mary's College, MA in Human & Health Services Admin. (00015)
- ☐ University of North Carolina, Long Term Care Admin LTCE #201 and LTCE #202 (00016)
- ☐ UW-Madison Extension, NHA Cassette Series (00010)
- ☐ UW-Eau Claire, HASA Certificate (00025)

- ☐ **C. Program of Study** as defined in sec. NHA 1.02(6), Wis. Admin. Code.

Indicate below the program of study completed and submit an official transcript or certificate of completion. (88888)

- ☐ Ottawa University-Milwaukee, LTC Program, Graduation/Completion Date: \_\_\_\_\_
- ☐ If program of study is not listed, indicate below the program of study completed and submit an official transcript along with the course description.

1. Laws governing the operation of licensed nursing homes:

Title of Course \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

2. Elements of proper and effective administration of licensed nursing homes:

Title of Course \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

3. Protection of the interests, safety and well-being of residents:

Title of Course \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

4. Psychological, physical, medical and social needs of residents:

Title of Course \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

### 6. **THIS SECTION IS TO BE COMPLETED BY RECIPROCAL APPLICANTS ONLY:**

- a. Provide the name of each state in which you hold a credential, the credential number, date granted, and the expiration date. Please indicate if the credential was obtained through examination or reciprocity. For each state listed, submit an original Verification of Licensure (Form #419) completed by the licensing authority. **A photocopy of your license is not acceptable.**

<u>Name of State</u>	<u>Credential Number</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Examination or Reciprocity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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- b. Please provide below information that you have obtained a bachelor's degree in any field from an accredited college or university. You must submit an official transcript as verification of completion.

Courses Completed or Degree Obtained: \_\_\_\_\_

Graduation or Completion Date: \_\_\_\_\_

Name & Address of College or University: \_\_\_\_\_

- c. If you have not received a bachelor's degree, submit a current certification as a nursing home administrator granted by the American College of Health Care Administrators.
- d. Indicate whether you have been engaged in practice as a nursing home administrator for no fewer than 2,000 hours in any consecutive 3-year period within the 5-year period immediately preceding this application (ch. NHA 4.03(2), Wis. Admin. Code). ☐ Yes ☐ No

If yes, please complete the Reciprocity Experience Record (Form #2470).

## 7. AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Nursing Home Administrator Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Profession

Date of Birth    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                                 month                   day                   year

-  -

Social Security Number or FEIN

**The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>**

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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Website: http://drl.wi.gov

## CONVICTIONS AND PENDING CHARGES

**If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.**

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth  ____ month ____ day ____ year	Social Security Number  _____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? **YES** **NO** **MO/YR COMPLETED**  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: ☐ Probation **YES** **NO** **MO/YR COMPLETED**  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature Date

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public Date

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

# Wisconsin Department of Regulation & Licensing

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935

**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## NURSING HOME ADMINISTRATOR EXAMINING BOARD

### REQUEST FOR CIB (CRIME INFORMATION BUREAU) INFORMATION

All persons applying for the nursing home administrator's examination are required to remit a \$6.00 fee to the department to cover the cost of a CIB (Crime Information Bureau) record check. This amount has been included in the application fee. Please return this letter along with your completed application.

Please provide the following information. Thank you for your assistance and cooperation.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle (Optional): \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace (City/State): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Names: \_\_\_\_\_

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## NURSING HOME ADMINISTRATORS EXAMINING BOARD

### **VERIFICATION OF LICENSURE**

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**SECTION I: TO BE COMPLETED BY THE APPLICANT.** Applicant completes this section and forwards the form to the registration agency in the state where currently licensed. It is recommended that you provide a pre-addressed envelope with your request.

---

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Registration # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

**SECTION II: TO BE COMPLETED BY REGISTRATION AGENCY.** Registration Agency completes this section and returns it to the Department of Regulation and Licensing at the address shown above.

---

A. The above named individual was issued a license as a Nursing Home Administrator in this state. Information regarding the license is provided below.

License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Valid Until \_\_\_\_\_

B. The license was issued based by ☐ Written examination  
NAB ☐ Yes ☐ No  
If yes, raw score \_\_\_\_\_  
If no, describe examination on back of page.  
☐ Reciprocity from \_\_\_\_\_  
☐ Other - details provided on back of page

C. Information on Requirements

- 1) Describe any education requirements for registration in your state.  
\_\_\_\_\_
- 2) Describe any requirements for experience in the field of institutional administration for registration in your state.  
\_\_\_\_\_

D. Was formal disciplinary action ever taken against the above-named individual?

☐ Yes ☐ No If yes, please explain on the back page.

E. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_ STATE \_\_\_\_\_

**(BOARD SEAL)**





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## NURSING HOME ADMINISTRATORS EXAMINING BOARD RECIPROCITY EXPERIENCE RECORD

The information below is being provided as evidence of having completed at least 2,000 hours of practice as a nursing home administrator in any consecutive 3-year period within the 5-year period immediately preceding the date of application. (NOTE: If more space is needed, please attach an additional sheet.)

EMPLOYED	DATE	<u>NAME AND ADDRESS OF NURSING HOME</u>	<i><b>TITLE</b></i>
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		

#3	FROM	
<input type="checkbox"/> Fulltime	_____	
<input type="checkbox"/> Parttime	mo/yr	
_____ hrs/week	TO	
	_____	
	mo/yr	

#2470 (Rev. 4/04)  
Ch. 456, Stats.

**Committed to Equal Opportunity in Employment and Licensing**



# Wisconsin Department of Regulation & Licensing

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935

**FAX #:** (608) 267-3816  
**Phone #:** (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### WISCONSIN STATUTES AND ADMINISTRATIVE CODE ORDER FORM

For assistance with the open book exam (if required) or for your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at <http://drl.wi.gov>. If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of any code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 per book made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

#### Mark which profession(s) you are requesting below:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Funeral Directors
<input type="checkbox"/> Architects, Landscape Architects, Engineers, Designers & Land Surveyors	<input type="checkbox"/> Geology, Hydrology and Soil Science
<input type="checkbox"/> Auctioneer & Auction Company	<input type="checkbox"/> Home Inspectors
<input type="checkbox"/> Barbering and Cosmetology	<input type="checkbox"/> Interior Designers
<input type="checkbox"/> Cemetery Authorities, Cemetery Salespersons & Preneed Sellers	<input type="checkbox"/> Nursing Home Administrators
<input type="checkbox"/> Charitable Organizations, Professional Fund-Raisers & Professional Fund-Raising Counsel	<input type="checkbox"/> Private Detectives & Private Security Persons
	<input type="checkbox"/> Real Estate Agents
	<input type="checkbox"/> Real Estate Appraisers
<input type="checkbox"/> # OF BOOKS REQUESTED x \$5.28 each = <input type="checkbox"/> TOTAL AMOUNT ENCLOSED	

Make your check payable to the Department of Regulation & Licensing (DRL) and return with this form to the address shown above.

NAME

COMPANY/ORGANIZATION

STREET ADDRESS/PO BOX

CITY/COUNTY

STATE

ZIP

**For Receipting Use Only**

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

*Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.*

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

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